Office of the General Counsel
DHHS—Region V
105 West Adams Street, 19th Floor
Chicago, Illinois 60603

Dear Counsel: This letter is in response to the State of Ohio Department of Human Services' request for reconsideration, dated December 1, 1994, of the Administration for Children and Families' (ACF) disapproval of the State's proposed amendment to its plan for implementing title IV–A of the Social Security Act (Aid to Families with Dependent Children, or AFDC) submitted as Transmittal #94–AFDC–01.

Section 402(a)(22) of the Social Security Act requires a state to promptly take all necessary steps to correct any overpayment of aid under the State plan. The section specifically provides that in the case of an overpayment ''to an individual who is a current recipient of such aid * * *, recovery will be made by repayment by the individual or by reducing the amount of any future aid payable to the family of which he is a member * * *.'' The section also provides that, in the case of an overpayment to an individual who is no longer receiving aid, ''recovery shall be made by appropriate action under State law against the income or resources of the individual or the family.''

The implementing regulations provide in pertinent part that ''[t]he State must take all reasonable steps necessary to promptly correct any overpayment * * *.'' 45 C.F.R. 233.20(a)(13)(i)(A). The regulations further provide that ''[t]he State shall recover an overpayment from (1) the assistance unit which was overpaid, or (2) any assistance unit of which a member of the overpaid assistance unit has subsequently become a member, or (3) any individual members of the overpaid assistance unit whether or not currently a recipient.'' Section 233.20(a)(13)(i)(B). In addition, the regulations provide that ''[a] State must take one of the following three actions by the end of the quarter following the quarter in which the overpayment is first identified: (1) Recover the overpayment, (2) initiate action to locate and/or recover the overpayment from a former recipient, or (3) execute a monthly recovery agreement from a current recipient's grant or income/resources.'' Section 233.20(a)(13)(i)(E).

In Transmittal #94–AFDC–01, the State proposed to amend its State plan to bar recovery of AFDC overpayments from children in assistance units that do not include any of the caretakers who actually received the overpayment. The State defined the term ''children'' to include adults who were dependent children at the time the original overpayment occurred. ACF disapproved the proposed plan amendment on the ground that the statute and regulations do not permit a state to categorically exclude any of the sources of recovery specified in the regulations.

I have designated Donald F. Garrett, a Departmental Appeals Board Member, as the presiding officer pursuant to 45 C.F.R. 213.21. ACF and the State are now parties in this matter. 45 C.F.R. 213.15(a). ACF and the State have agreed that there are no disputed issues of fact, and that an in-person evidentiary hearing is not necessary to resolve the State's request for reconsideration. Accordingly, the parties have requested that the appeal be decided based on their written submissions.

A copy of this letter will appear as a Notice in the Federal Register. Any person wishing to request recognition as a party may file a petition pursuant to 45 C.F.R. 213.15(b) with the Departmental Appeals Board within 15 days after that notice has been published. A copy of the petition should be served on each party of record at that time. The petition must explain how the issues to be considered have caused petitioner injury and how petitioner's interest is within the zone of interests to be protected by the governing federal statute. 45 C.F.R. 213.15(b)(1). In addition, the petition must concisely state petitioner's interest in the proceeding, who will represent petitioner, and the issues on which petitioner wishes to participate. 45 C.F.R. 213.15(b)(2). Additionally, if petitioner believes that there are disputed issues of fact which require an in-person evidentiary hearing, the petitioner should concisely specify the disputed issues of fact in the petition, and also state whether petitioner intends to present witnesses. Any party may, within five days of receipt of such petition, file comments thereon; the presiding officer will subsequently issue a ruling on whether and on what basis participation will be permitted.

Any interested person or organization wishing to participate as *amicus curiae* may also file a petition with the Departmental Appeals Board which shall conform to the requirements of 45 C.F.R. 213.15(c)(1). The petition should be filed within 15 days after this notice. The petition should specify the nature of the participation desired. The presiding officer will subsequently issue a ruling on the petition. The Ohio State Legal Services Association has already requested and been granted permission to participate as *amicus curiae* in this case and has presented its arguments on the merits of the case in writing.

Any submissions or correspondence regarding this matter should be filed in an original and two copies with Mr. Garrett at the Departmental Appeals Board, Room 635–D, Hubert H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201, where the record in this matter will be kept. Each submission must include a statement that a copy of the material has been sent to the other party (or to both parties if the submission is made by a non-party), identifying when and to whom the copy was sent. For convenience, please refer to Board Docket No. A–95–42.

Mary Jo Bane,

Assistant Secretary for Children and Families.

[FR Doc. 95–27239 Filed 11–1–95; 8:45 am]

BILLING CODE 4184–01–P

Health Care Financing Administration

Public Information Collection Requirements Submitted for Public Comment and Recommendations

AGENCY: Health Care Financing Administration, DHHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, has submitted to the Office of Management and Budget (OMB) the following proposals for the collection of information. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Evaluation of the Oregon Medicaid Reform Demonstration, Baseline Survey; *Form No.:* HCFA–R–179; *Use:* The baseline survey is one component in the evaluation of the Oregon Medicaid Reform Demonstration (OMRD), a demonstration authorized under section 115 of the Social Security Act. The purpose of the survey is to gather information on the health status, past utilization, and level of satisfaction of a sample of newly enrolled OMRD recipients, in a way that allows followup contact and maximizes the likelihood of preenrollment recall. *Frequency:* Annually; *Affected Public:* Individuals or households; *Number of Respondents:* 2,667; *Total Annual Hours:* 500.

2. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Field Testing of the Uniform Needs Assessment Instrument; *Form No.:* HCFA–R–180; *Use:* The validity, reliability, and administrative feasibility of the Uniform Needs Assessment instrument will be tested in a small-scale trial. Also, a high risk screener will be developed to identify hospital patients in need of extensive discharge planning. Testing will be done in two phases approximately 1 year apart. Each phase will involve 12 provider sites, 420 patients, and 840 total assessments. *Frequency:* Annually; *Affected Public:* Individuals or households, business or other for profit and not-for-profit institutions; *Number of Respondents:* 420; *Total Annual Hours:* 1,050.

3. *Type of Information Collection Request:* New collection; *Title of*

Information Collection: Data Collection and Analysis for Generating Procedure Specific Cost Estimates; *Form No.:* HCFA–R–181; *Use:* The Survey of Practice Costs is a survey of provider practices whose services are covered by the Medicare Fee Schedule (MFS). The data collected from this survey will enable HCFA to meet its congressional mandate to develop resource-based practice expense relative value unit estimates for the MFS by 1998; *Frequency:* Annually; *Affected Public:* Individuals or households, business or other for profit; *Number of Respondents:* 3,500; *Total Annual Hours:* 10,500.

4. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Evaluation of the Medicare Cataract Surgery Alternate Payment Demonstration; *Form No.:* HCFA–R–154; *Use:* This survey will be implemented in an effort to estimate the effects of a bundled payment for cataract surgery on Medicare beneficiaries. Effects of the packaged payment on the nature of services, quality, and satisfaction will be measured. *Frequency:* Annually; *Affected Public:* Individuals or households, business or other for profit, not for profit; *Number of Respondents:* 1,686; *Total Annual Hours:* 506.

5. *Type of Information Collection Request:* Reinstatement, with change, of a previously approved collection for which approval has expired; *Title of Information Collection:* Alternative Quality Assessment Survey; *Form No.:* HCFA–667; *Use:* This survey is used in lieu of an onsite survey for those Clinical Laboratory Improvement Amendments of 1988 (CLIA) laboratories with good performance determined by their last onsite survey, and is designed to screen laboratories and alert HCFA to where an onsite inspection is vital. The survey has been revised to reflect CLIA's streamlined inspection process, to reduce burden, and to improve the CLIA system by rewarding good performance. *Frequency:* Annually; *Affected Public:* Business or other for profit, not for profit, Federal Government, State, local, or tribal government; *Number of Respondents:* 4,000; *Total Annual Hours:* 6,000.

To request copies of the proposed paperwork collections referenced above, E-mail your request, including your address, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786–1326. Written comments and recommendations for the proposed information collections should be sent within 30 days of this notice directly to the OMB Desk Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: October 25, 1995.

Kathleen B. Larson,

Director, Management Planning and Analysis Staff, Office of Financial and Human Resources, Health Care Financing Administration.

[FR Doc. 95–27222 Filed 11–1–95; 8:45 am]

BILLING CODE 4120–03–P

Health Resources and Services Administration

Advisory Council; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), announcement is made of the following National Advisory bodies scheduled to meet during the months of November and December 1995.

Name: Advisory Commission on Childhood Vaccines (ACCV).

Date and Time: November 29, 9:00 am–5:00 pm.

Place: Parklawn Building, Conference Room D, 5600 Fishers Lane, Rockville, Maryland 20857.

The meeting is open to the public.

Agenda: Agenda items will include, but not be limited to: a report on the National Vaccine Program; a report on the Advisory Committee on Immunizations (ACIP) and Polio Vaccine Policy; an overview of reports to the Vaccine Adverse Events Reporting System (VAERS); an update on the Vaccine Information Statements and the Hepatitis B and Haemophilus influenzae type b Vaccine Information Statements; a report on the International Symposium on Acellular Pertussis Vaccine Trials; a report of the Vaccine Safety Subcommittee; and routine Program reports.

Public comment will be permitted before noon and/or at the end of the Commission meeting, as time permits. Oral presentations will be limited to 5 minutes per public speaker.

Persons interested in providing an oral presentation should submit a written request, along with a copy of their presentation to Mr. Jerry Anderson, Principal Staff Liaison, Division of Vaccine Injury Compensation, Bureau of Health Professions, Health Resources and Services Administration, Room 8A–35, 5600 Fishers Lane, Rockville, MD 20852; Telephone (301) 443–1533.

Requests should contain the name, address, telephone number, and any business or professional affiliation of the person desiring to make an oral presentation. Groups having similar interests are requested to combine their comments and present them through a single representative. The allocation of time may be adjusted to accommodate the level of expressed interest. The Division of Vaccine Injury Compensation will notify each presenter by mail or telephone of their assigned presentation time. Persons who do not file an advance request for presentation, but desire to make an oral statement, may sign up in Conference Room D before 10:00 a.m. on November 29. These persons will be allocated time as time permits.

Anyone requiring information regarding the Commission should contact Mr. Anderson, Division of Vaccine Injury Compensation, Bureau of Health Professions, Health Resources and Services Administration, Room 8A–35, 5600 Fishers Lane, Rockville, Maryland 20852; Telephone (301) 443–1533.

Name: HRSA Aids Advisory Committee.

Time: December 13–14, 1995 8:00 a.m.

Place: Embassy Row Hotel, Ambassador Room, 2015 Massachusetts Avenue, N.W., Washington, D.C. 20036.

The meeting is open to the public.

Agenda: The topics to be discussed include the HIV/AIDS and Managed Care; Leadership Development of Persons Living with AIDS; ACTG 076 Implementation Update; and Medical Advice/Sterile Syringes for Drug Injectors.

Anyone requiring information regarding the subject Committee should contact Judy Hagopian, AIDS Program Office, Health Resources and Services Administration, Room 14A–21, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone (301) 443–0866.

Name: National Advisory Council on Nurse Education and Practice.

Date and Time: December 14–15, 1995, 8:30 a.m.

Place: Parklawn Building, Conference Room G, 5600 Fishers Lane, Rockville, Maryland 20857.

The meeting is open to the public.

Agenda: Agenda items for the meeting will cover report and discussion on the status of Legislation and budget, discussion of follow-up actions from the Council on Graduate Medical Education and the National Advisory Council on Nurse Education and Practice Joint Council Meeting, reports from the Workgroups and discussion of Next Steps.

Anyone wishing to obtain a roster of members, minutes of meeting or other relevant information should write or contact Ms. Melanie Timberlake, Executive Secretary, National Advisory Council on Nurse Education and Practice, Parklawn Building, Room 9–36, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone (301)443–5786.

Agenda Items are subject to change as priorities dictate.

Dated: October 30, 1995.

Jackie E. Baum,

Advisory Committee Management Officer, HRSA.

[FR Doc. 95–27189 Filed 11–1–95; 8:45 am]

BILLING CODE 4160–15–P